

LOCAL GOVERNMENT NAME CHANGE

1	Use this form for local government name changes ONLY. Complete all fields within this form. Sign, date, and return the form to the State WIC Program at the address at bottom of this page.		
2	CONTRACT NUMBER	EFFECTIVE DATE	
3	CURRENT LEGAL BUSINESS NAME (Type or Print)		
	MAILING ADDRESS	BUSINESS ADDRESS	
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
4	NEW LEGAL BUSINESS NAME		
5	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): -		
6	I hereby certify that the information provided in this document is true and correct.		
	AUTHORIZED REPRESENTATIVE NAME (Type or Print)		TITLE
	SIGNATURE	DATE	TELEPHONE ()
7	Please return the completed form to: <div style="text-align: center;"> California WIC Program Local Agency Support Branch Attention: Contract Manager 3901 Lennane Drive Sacramento, CA 95834 </div>		
For State Use Only			
Date Received _____		<input type="checkbox"/> LASB Contract Analyst <input type="checkbox"/> FMRB Contract File	
Date Completed _____			